Architectural Barrier Removal
Disability Verification

EQUAL HOUSING OPPORTUNITY

This form must be completed by a doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the individual's disability.

Applicant: Date of birth:

Address:

Proposed Modifications:

I certify that the abovementioned applicant meets one of the following criteria and due to their disability would benefit from the proposed modifications:

- Has a physical or mental impairment that substantially limits one or more major life activities
- Has a record of a disability
- Is regarded as having a disability

Verifying Party's Name	Title
Company/Organization	Phone
Signature	Date

Housing & Community Initiatives
30 S Nevada Suite 604 Mail Code 640, Colorado Springs, CO 80903
Phone: (719) 385-5912 Fax: (719) 632-0791 www.springsgov.com/housing

6/13/2013 – approved by HUD Program Compliance, Rosalind Yeater